PART B - FEE(S) TRANSMITTAL

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

h applicable fee(s), to: Mail

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or Fax

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| 21186 75 | 590 09/24/200 |)4 | | have its own cert | ficate of mailing or transmission. | ient of formal drawing, m | |
| SCHWEGMAN, P.O. BOX 2938 MINNEAPOLIS, N 10/22/2004 MBERHE1 000 | | OESSNER & K | 611 | | Certificate of Mailing or Tran that this Fee(s) Transmittal is being vice with sufficient postage for findal Stop ISSUE FEE address USPTO (703) 746-4000, on the | smission ng deposited with the Un rst class mail in an envel s above, or being facsim date indicated below. | |
| | | nn (| OCT 2 | 0 2004 Lukursti | nRyan | (Depositor's na | |
| 01 FC:1501 1370.00 OP 02 FC:1504 300.00 OP | | op Op | 1 Kinst | | ri Rua | (Signat | |
| 03 FC:8001 | 9.00 | OP . | TE TOAT | EMARY OCTO | ber 18, 2004 | (D | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 09/745,114 | 12/20/2000 | | Sam | Yang | 303.714US1 | 6915 | |
| TITLE OF INVENTION: LOW LEAKAGE MIM CAPACITOR | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE F | FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$195 | ¥1370 | \$300 | \$1630 | 12/27/2004 | |
| EXAMINER | | ART UN | NIT | CLASS-SUBCLASS | | • | |
| WILSON, SCOTT R | | 2826 | 6 | 257-532000 | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | | | | | | | |
| Change of corresponde Address form PTO/SB/12 | of Correspondence | espondence (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Schwegman, Lundberg | | | egman, Lundberg. | | |
| Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. | dication form Use of a Customer | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Woessner & Kluth, P.A. 3 | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | |
| (A) NAME OF ASSIGNE | (E | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | |
| Micron Technolo | | Boise, Idaho | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | |
| 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): | | | | | | | |
| Issue Fee | | A check in the amount of the fee(s) is enclosed. | | | | | |
| Publication Fee (No sn Advance Order - # of | utted) | Payment by credit card. Form PTO-2038 is attached. | | | | | |
| Deposit Account Number 19-0743 (enclose an extra copy of this form). | | | | | | | |
| 5. Change in Entity Status (| | | | <u> </u> | | | |
| a. Applicant claims SM | | | | | MALL ENTITY status. See 37 C | | |
| NOTE: The Issue Fee and Puinterest as shown by the recon | | | | y) or to re-apply any previ- other than the applicant; a | ously paid issue fee to the applicate registered attorney or agent; or the | ation identified above. he assignee or other part | |
| Authorized Signature | | | Date | 18 OCT OL/ | | | |
| Typed or printed name | | Registration No. 40, 957 | | | | | |
| This collection of information an application. Confidentialit submitting the completed app this form and/or suggestions Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-1 | plication form to the US for reducing this burden | 1.311. The information C. 122 and 37 CFR PTO. Time will vary should be sent to the CT SEND FEES OR C | on is required t 1.14. This coll depending up e Chief Inform COMPLETED | o obtain or retain a benefit lection is estimated to take on the individual case. An lation Officer, U.S. Patent FORMS TO THIS ADDR | by the public which is to file (an 12 minutes to complete, includir y comments on the amount of ti and Trademark Office, U.S. Dep ESS. SEND TO: Commissioner | d by the USPTO to proc ng gathering, preparing, me you require to comp artment of Commerce, P for Patents, P.O. Box 14 | |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sam Yang

Title: LOW LEAKAGE MIM CAPACITOR

Docket No.: 303.714US1

Filed: December 20, 2000

Examiner: Scott Wilson

Customer No.: 21186

Commissioner for Patents

Attn: MAIL STOP ISSUE FEE

P.O. Box 1450

Alexandria, VA 22313-1450

Serial No.: 09/745,114

Due Date: December 24, 2004

Group Art Unit: 2826

Confirmation No.: 6915

Notice of Allowance Date:

September 24, 2004

We are transmitting herewith the attached:

X A check in the amount \$1370.00 to cover the Large Entity Issue Fee Payment.

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X A check in the amount \$ 9.00 to cover the Extra Patent Copies Fee (3 copies).

X Communication Re: Fee Address (1 page).

X Issue Fee Transmittal (Form PTOL-85).

 \underline{X} A return postcard.

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SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.

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Reg. No. 40,957

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CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Commissioner for Patents, Attn – MAIL STOP ISSUE FEE, P.O. Box 1450, Alexandria, VA 22313-1450, on

this day of October, 2004.

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